			1 Tem	3-4	Phone	STA		ARYLAND AND MENTAL H	YGIENE.	0	-2 0	4.	3
		1-	STATE REGISTRAR9 -//	-8/00		DICAL EXAMIN				REG. NO	9 4		-
U - I	1293		CEASED NAME	FIRST		WIDDLE		LAST	2a. DAT	E KNOWN	MONTH	DAY YEAR	26 HOUR
	2002	4775		CHA	RLES	ALLEN		BLUNT	OF DEAT	H MATED	8-29	-8619	M
8	PRY, PLEAS DIRECTOR OUR FILES 772 HOUR ON STREET	1.563	lete W	lite	5. DATE OF BIRTH	YEAR LAST BIRTHD	AY) MONTH	DER I YR. IF UNDER		UNCED	8-30	DAY YEAR)-86 ₁₉	2d HOUR 9:562
0	FUNERAL FUNERAL FOR VA	FO	PLACE (STATE OR REIGN COUNTRY) Maryland		76. CITIZEN OF WH	.A.	WIDOW	200	ed Que	en Anne	; 's C	ounty	MD
	A A A A A A A A A A A A A A A A A A A	ID. CI	TY OR TOWN OF DE	ATH		PITAL, NURSING HOME	, OR OTH	ER INSTITUTION	12a. USUAL OCC FOR MOST OF W	UPATION (TYP	E OF WORK	26 KIND OF B OR INDUS	USINESS TRY
	30° W.	Ol	ieen Annes	PCINC HOUSE	Rt. 2 B	BOX 403 QUE	enstc	nwin	Water	man			
21201	AND 3 TRANS OF PROVIDE RECORD	13a. 5		136 COUNT		13c. CITY OR TOWN Queensto		AES NO TO	Rt. 2	Box 40	03	21658	
RE, MD.	SET NO 28	TA. FA	THER'S NAME LOUIS Blu	nt, Sr	MIDDLE	LAST		15. MOTHER'S MAIDE FIRST Barbar		MIDDLE n Aus	tin	LAST	
IMO	S S S S S S S S S S S S S S S S S S S	16a V	AS DECEASED EVER		ED FORCES?	166. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRESS		en Anne	. MD
1	A SECOND		No	(, , , , , , , , , , , , , , , , , , ,		212-66-05	40	Louis Blu	nt, Sr.,	Rt. 1	Box	131A	21657
	ENG WE		18 CAUSE OF DEAT PART I DEATH W	AS CALISED	DV.	far (a), (b), and (c).)	s of	head and a	bdomen			APPROXIMAT BETWEEN ONS	
MESTO	HIN A FIR ALL NST PI EMOV		Canditians, if	any, which		AS A CONSEQUENCE							
W. P	V PENC KAMIN AL TRA MENTA N. OR S		gave rise ta cause (a) stating lying cause last.	the under-	DUE TO, OR	AS A CONSEQUENCE (OF						
MDS. 2	ING		PART 2 DTHER SIGNIFICAN	T CONDITIONS C	(c) DITRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE	DR CONDITION GIVEN IN PAR	T 1 (a).				
DIVISION OF VITAL RECORDS.	HOULD BE B RD "PENDIN HEF MEDIC USED AS A I OF HEALTH IRIAL CREM	CERTIFICATION	190. DATE OF OPER	ATION	196. CONDIT	ION FOR WHICH OPER	ATION W	AS PERFORMED?				2D AUTOPSY	'?
N V	SHOULD SH	RITE		551445								YES XX	NO 🗌
ON OF	D THE W TO THE HOULD INFEMENTALE	CALCE	210 EXTERNAL CAU UNDERLYING CONTRIBUTING	OR		MONTH DAY YEAR	2	ow NJURY OCCURRED		INJURY IN ITEM 18	PART 1 OR PART	2)	
DIVISIO	NVPITING NRDED 1 NRDED 1 CGE 3 SH (GE 3 SH (GE 2 SH	MEDICAL	21d. INJURY OCCUR WHILE NOT AT WORK AT W		21e. PLACE O	FINJURY (AT HOME, DRY, FARM, ETC.)	21f. LO	CATION TREET 2 BOX 40	CITY OR		COUR	n Annes	STATE
	INER: THE STATE OF					ribed abave, held an	Autap	K7]			Mary	Land	
-	CAMIN SETTEN D SE IRECT WITH I		death resulted fram	n: Natura	il causes [],	Accident L., Su	icide X	, Hamicide	Undetermined	manner			
	CAL EXA THE CER SHOULD SATH, WI SEE, MAR		SIGNATURE 1	1/20	for	-	м	D Assistant	MEDICAL EX	AMINER	DATE SIGNED	8-31-	-86
	TO MEDICAL EXAMIN EXECUTE THE CERTRIC PAGE 4. SANCILO BE F TO FUNERAL DIRECTO AFTER DEATH WITH TH BALTIMORE, MARYLAN	/	EXAMINER'S NAME (TYPE OR PRINT)	100	Mliam M.	Zane, M.D.		ADDRESS	enn Stree	et			
07/84	BB 524549	23a. Bl	DRIAL, CREMATION, F PECIFY) Burial		09-02-86	Woodl awn			23d LOCATION CITY OR TOWN Easton		Tlab		MD
25M	DHMH - 17		NERAL DIRECTOR		ADDRESS			250. DATE R	EC'D. BY REGIST	-	ISTRAR'S SIG	-	200
	(VR A15 ME (5))	To	m Helfenbe	ein Fu	neral Hom	e, Chester	, MD	21619	8 198	O GILMAN	PRIK digo	V-Naulye	Print

7 W 7294

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

07/84

25M

FOR STATE

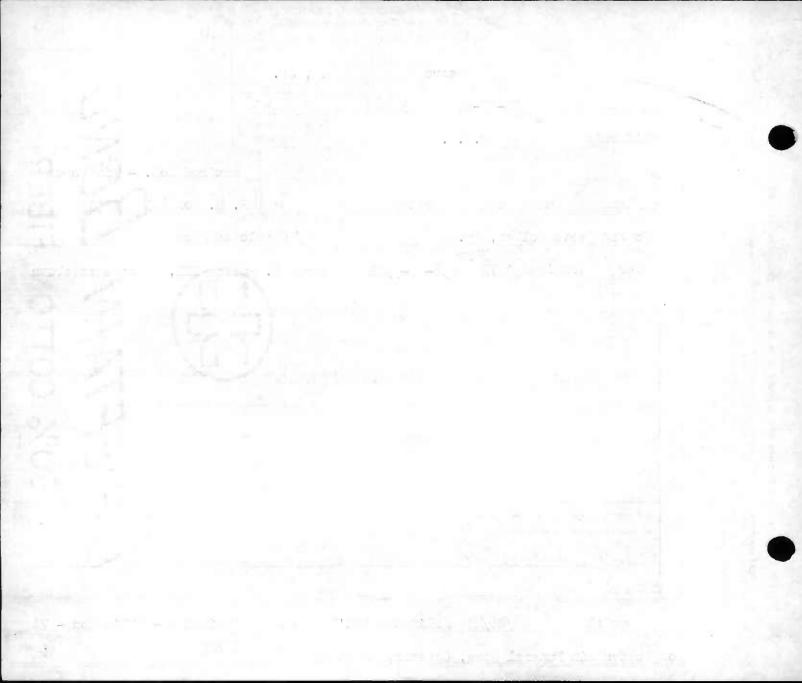
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3

1 10	REGISTRAR	ME		CERTIFICATE C	REG. INC.	
	CEASED NAME FIRST		WIDDLE	LAST	20. DATE KNOWN TO MONTH	DAY YEAR
		ERN	JEAN	BLUNT	DEATH MATED X 8=	29-869
2. SE	4 RACE	S. DATE OF BIRTH		INDER 1 YR. IF UNDER	R 24 HRS 2c. DATE MONTH PRONOUNCED	DAY YEAR
	W	07/25/5	5 31 YRS.		DEAD 8-3	0-8619
	RTHPLACE (STATE OF BEIGH-COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	RIED A NEVER MARK	RIED 9 BALTIMORE CITY OR COUN	TY OF DEATH
/	Maryland		- 4	WED DIVOR	Procedi dunio o	
7.0	TY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOME, OR OT	HER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	OR INDUSTR
	ueen Anne's	Rt. 2 Bo	x 403 Queenstor	wn	Homemaker	
13a. S	AL RESIDENCE (IF IN NURSING HOME TATE 13b. COU		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
	Maryland	Q.A.	Queenstown	YES NO		21657
19	ATHER'S NAME	MIDDLE	LAST	IS MOTHER'S MAID	MIDDLE	LAST
/	Ernest Alton P		166 SOCIAL SECURITY NO.	Virgi		
		E WAR OR DATES)			ADDRESS	Grasonvil 188, 2
	No		212-66-1754	Elizabetr	Burns, Rt. 1 Box	
	18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly ane cause per line	far (a), (b), and (c).)			APPROXIMATE BETWEEN ONSET
Z	PART 2 DTNER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PA	ART 1 (a)	
CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATION	WAS PERFORMED?		2D AUTOPSY?
IFIC						YES 😾
SE SE	210. EXTERNAL CAUSE WAS	21b. TIME O	FINJURY 21c I	HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P.	
	UNDERLYING DR CONTRIBUTING CAUSE OF			subject sho	t	
MEDICAL	216. INJURY OCCURRED	21e PLACE		OCATION	CITY OR FOUND	OHEITY
2	AT WORK AT WORK	ox n	OMÉ I	Rt. 2 Box 4	03 Quéënstown Queé	n Anne's
	22a. I certify that I took char	ge of the remains de	cribed above, held on Auto	psy X , Inspection	on . Inquiry . and in my a	noinian
	death resulted fram: Nati	ural causes ,	Accident , Suicide	, Homicide X	Undetermined manner	
	-	-	0	TITLE (SPECIFY)		
1	ACTUAL SIGNATURE	wy	4	M.D. Assistan	T MEDICAL EXAMINER SIGN	ED 8-31-
	EXAMINER'S NAME (TYPE OR PRINT)	villam M.	Zane, M.D.	_ADDRESS111	Penn Street	
23a.B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY		23d. LOCATION	UNTY STA
	Cremation	09-01-86	Security Pr		. Catonsville Bal	lt. M
	UNERAL DIRECTOR	ADDRESS			REC'D. BY REGISTRAR'S	SIGNATURE
TO	n Helfenbein Fr	meral Hom	e, Chester, MD	21619 SFP	Q TOOR Justic Training	- Books

· _____n__n__n__n__n__n

THE RESERVE OF THE PARTY OF THE



letely filled in by the funeral director, page 3 d 2 should be filed within 72 hours offer death

FOR

0	1.5
2	000
0	4
Z Z	E .
₹	Ť.
¥	3
Σ	tec
or m	ec.
9	ě
Ē	0
A A	ote
7	- Li
S	3
Ö	- H
S	eo
œ	e e
2	-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	of o
5	es
DS	5
ŏ	ē
Ü	30
2	Je C
<u> </u>	1
>	AX
ō	0 6
Z	YS
200	PH en
2	0 0
<u> </u>	0 0
	A O
	AT
	J. Po
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death contricate be executed within 24 hours elained by the hospital or attending physician.
	TA
	PSP
	H
	e o

STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	6

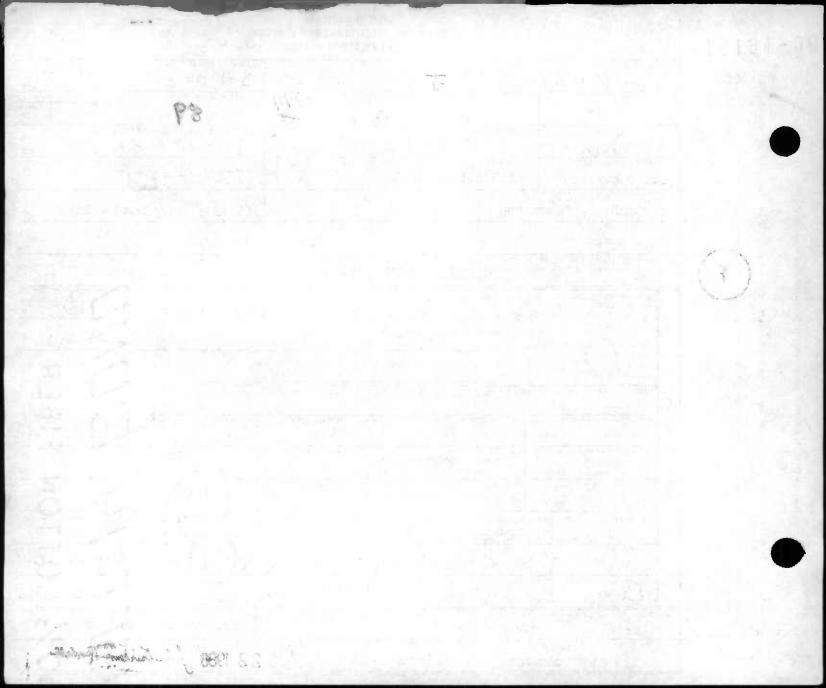
6		2	3	-)	dia	
	REG. NO.		1			

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH		B 6	0.		
		OR PRINTER	3-MA	MARY J.	FRIEB		FRIE	B	8-19-86	MONTH	DAY YEAR	26. HOUR 2 3 8 AM
	3. SE>	×		1 RACE	v	5. DATE C	DE BIRTH 18	97	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	HOURS MIN.
	A	RTHPLACE (STATEOR F COUNTRY) -USTNIA		U.	S . A	MARRIE WIDOWE	DIVORCE		9 BALTIMORE CITY O		ANN	MD.
)	St	tevensville	е	1575	Alleghar	hy Road	DR OTHER INSTITUTIO 21666	Z	120 USUAL OCCUPATION OF WORK FOR MOST OF RETIRE		12b. KIND C INDUSTRY	OF BUSINESS OR
)	Mai	ryland	13b COUN	TY Ann	Steven:	sville	13d INSIDE CITY LIM		13. STREET ADDRESS 157 Allegh	any F	Road 2	21666
2	H	ugo Frieb		AIDDLE	LAST		is mother's maide		elinek MIDDLE		LAS	51
1	16a. ∨\ [Y	VAS DECEASED EVER (ES NO OR UNKNOWN)		MED FORCES? WAR OR DATES!	215 54		Mrs Franc	es E	Kriete 157			
		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE!	y one couse per DBY: E CAUSE (o)	line for (o) 1b	andio	Vascular	A	carden	4	APPROX BETWEEN	ONSET AND DEATH
		Conditions, if ony, gove rise to imm couse (a), stating underlying couse	nediote	(b)	R AS A CONSEC	+.5.	CYD	-			3	m.
	NOI	PART 2. OTHER SIGN	IIFICANT C	ONDITIONS CO	ONTRIBUTING T	NOT RELATED TO THE	E TERMI	nal disease or con	DITION GIV	VEN IN PART 1	a ¹	
	CERTIFICATION	19a. DATE OF OPERAT	ION	19b CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED		20a AUTOPSY?	IN CERTI	S, WERE FIND II FYING CAUSES ES	NGS USED S OF DEATH?
,	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING C LIFETHER NOTIFY MEDIC	In .	M. MONTH	21c HOW INJURY O	CCURRE	ED (ENTER NATURE OF INJU	81 MATEM 18	PART I OR PART 2)			
	. MED	21d. INJURY OCCURR	21e PLACE (OF INJURY 21f. LOCATION STREET STREET				CITY OR TOWN COUNTY			STATE	
		220. certify that (1) saw the decease above, (1) (year)	d olive on_	8-	12 10	- //-	nd that in (my) (our) op	79 pinion de	eoth occurred on the de	ote and hou		that (1) (we) last couses stated
+	ĺ									22c DATE	SIGNED 19,86	
		PALP IT	E	1	BBY				IVICLE	11	UW.	21638
	(:	SURIAL, CREMATION, I SPECIFY) Burial			, 1986	Woodla			Woodlawn		o squaiMar	ylandare
	24 FÜ Inc	NAME	Colu	H Witzk mbia Pi	ke EIIi	cott Ci	ty /	SO. DATE	REC'D. BY REGISTRAR 2 2 1986	Sh REGIS	RAR	UR

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending phy should be detached for use as the burial-transit permit. Then please remove carbonpol with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remov IMPORTANT: If Item 21 is marked or Item 38 shows any injury, or other troumotic event



0	0	tings.	1	7	2	1	1
	VISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	"Leave"	G PHYSICIAN. The law requires that the death certificate be executed within Reingers, after death. Fage 4 may be	thending physician	are this certificate has been signed by the attending physician and completely IIIod in by the lyne of accepta pages. I see build-framily sermit. Then prince contain pages. Fages, 1 and 2 shoots after John after death	and Mental Hyguene prior to burial, premation, or removal.	ed or tem 18 shows any injury, or other traumatic event, the medical manner musice nonlice at ano

STATE OF MARYLAND

2

1-	FOR STATE REGISTRAR					EALTH AND MENTAL H	HYGIEN	5 6 REG. NO	2 3	7 4	
	CEASED NAME	FIRST	MID	DLE	LA	AST	. 20	. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(11.7)	Ontaine	Pearl	Wood Po	well				08-23-86			12:10рм
3. SE	х		1 RACE		DATEO		6	AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female		Whit	e		11-08m		78	YRS	NO.	I TOOKS I MISH
74 11	MHHPTACE (STATE OR	FOREIGN	L CITIZEN OF WH	HAT COUNTRY? 8	MADDIE	NEVER MARRIED	9	BALTIMORE CITY O	R COUNTY	OF DEATH	
	Maryland		U.S.		VIDOWE			Queen Ann	e's Co	ounty	MD.
10. C	ITY OR TOWN OF DE	ATH		SPITAL, NURSING		ROTHER INSTITUTION		USUAL OCCUPATION			OF BUSINESS OR
	Centrevil	le		an Nursi		enter		Sales Cle		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
130. 5	at residence (# NUR STATE arvland	13b. COUN	TY 13	RESIDENCE BEFORE AD L. CITY OR TOWN	1	13d INSIDE CITY LIMITS	5? 13	STREET ADDRESS /	1	21617	,
	Howard		NIDDLE	LAST		15. MOTHER'S MAIDEN FIRST Carrie		rkins		IAS	51
	VAS DECEASED EVER	IN U.S. ARA		b SOCIAL SECURIT	IY NO.	17. INFORMANT		ADDRE	SS		
(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	218-34-93	17	Hazel Mea	rs	same a	s abo	ve	
CERTIFICATION	Conditions, if ony gove rise to im cause (a), staff underlying cause PART 2 OTHER SIG	mediote ng the e last.	ONDITIONS CON WELL	rle	ATH BUT	NOT RELATED TO THE TI		AL DISEASE OR CONT 20a AUTOPSY?	20b. IF YES	EN IN PART 1	NGS USED
RTI	21a. ACCIDENT WAS UN	DERIVING [7]	21b. TIME OF I	ALHIBY		21c HOW INJURY OCC		YES NO	YE		NO 🗌
MEDICAL CI	OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEAT	HOUR A.M.	MONTH DAY	YEAR 19		CURRED	(ENTER NATURE OF INJUR	A IM ILEM IS B	ARTTORPART2)	4-51
MED	21d INJURY OCCUR	HILE	21e. PLACE OF	INJURY FACTORY, OFFICE FARM	A, ETC }	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (I saw the decease abave, (I) (we) (ed alive on_	ol) attended the o	19	, an	d that in (my) (our) opin	nian deo	, to th occurred an the do			that (I) (we) lost causes stated
	22b. SIGNATURE	N	MA	Au	~	DEGREE ATTENDING PHYSICIAN		MEDICAL STAF		22c. DATE	SIGNED
	Dr. Robe					22e ADDRESS 424 High	Stre	eet, Chest	ertow	n, MD	21620
	BURIAL, CREMATION	, REMOVAL	23b. DATE		ME OF CE	METERY OR CREMATO	RY	23d LOCATION		COUNTY	STATE
	Buria	ı	08-26-8	Che	ster	Cemetery		Chestert		Kent	MD
	uneral director om Helfenbe	ein Fun	eral Home	ADDRESS Church		21023	SEP	5 1986	7 0 0	RAR'S SIGNAT	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR should be detoched for with the State Dept. o Hea IMPORTANT: If Item 2

The same of the sa

er dan new groten geren de de la company de de la company de la company

campletely filled in by the funeral director, page 3 s 1 and 2 should be filed within 72 hours ofter death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, at removal.

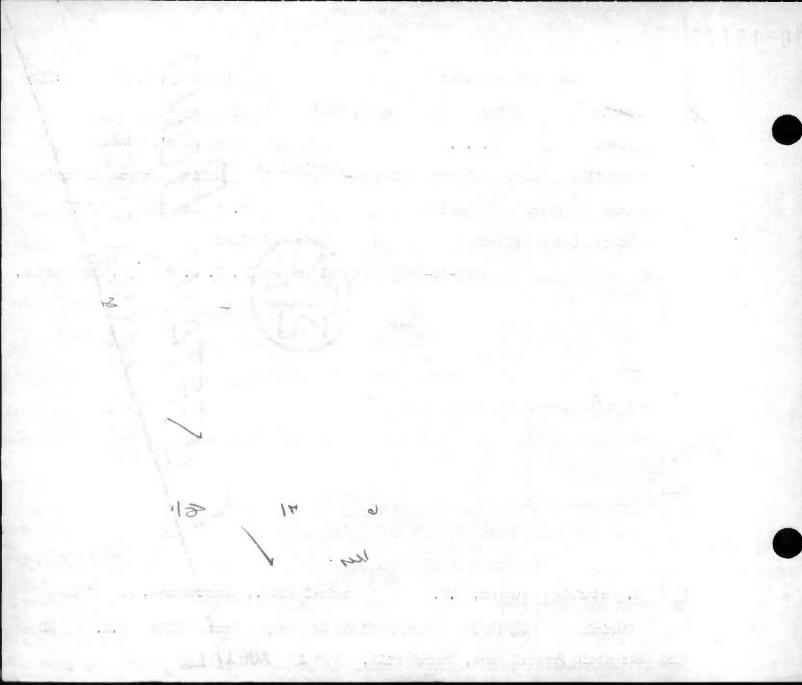
DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Female PLACE (STATE OR FOREIGN BRYLAND R TOWN OF DEATH ENTRY (FIND AND FOREIGN ENTRY (FIND AND FOREIGN ENTRY (FIND AND FOREIGN FIRST Thomas Albert DECEASED EVER IN U.S. A OOR UNKNOWN) (IF YES. G) CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUS IMMEDIA Enditions, if ony, which	GORDINE INSTITUTION GIVE RESIDENT IN THE INSTITUTION GIVE RESIDENT	S. DATE COMONTY MAY COUNTRY? & MARRIE WIDOWS AL, NURSING HOME CO., GIVE STREET ADDRESS) TON PESIDE DENCE BEFORE ADMISSION Y OR TOWN TON LAST COLAL SECURITY NO. —10—4079	DAY YEAR 9, 1921 D NEVER MARRIED DOWNCED IX DR OTHER INSTITUTION INCE—BURT'S VII 13d. INSIDE CITY LIMITS? YES NO SIES NO SIEST Susie MC 17 INFORMANT	Rt. 1 Box 29 ME MIDDLE Farland ADDRESS	TY OF DEATH COUNTY 12b KIND OF BUSINE INDUSTRY ON THOL SUPERV DDE 21678 LAST
Female PLACE (STATE OR FOREIGN BRYLAND R TOWN OF DEATH ENTRY (FIND AND FOREIGN ENTRY (FIND AND FOREIGN ENTRY (FIND AND FOREIGN FIRST Thomas Albert DECEASED EVER IN U.S. A OOR UNKNOWN) (IF YES. G) CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUS IMMEDIA Enditions, if ony, which	White 7b. CITIZEN OF WHAT CO U.S.A Whate OF HOSPITA (IF NOT IN SUCH FACILITY, Gordon Wald: OR OTHER INSTITUTION GIVE RESIDINTY INTY WO: M.DDLE TT Waldron IRMED FORCES? LIVE WAR OR DATES: ORIGINAL STREET AND THE CAUSE (ID)	S. DATE COMONTY MAY COUNTRY? & MARRIE WIDOWS AL, NURSING HOME CO., GIVE STREET ADDRESS) TON PESIDE DENCE BEFORE ADMISSION Y OR TOWN TON LAST COLAL SECURITY NO. —10—4079	9, 1921 D NEVER MARRIED D NORCED KK OR OTHER INSTITUTION CO ROAD 13d. INSIDE CITY LIMITS? YES NO 1 15 MOTHER'S MAIDEN NAV FIRST Susie Mc 17 INFORMANT Samuel Rhode	6. AGE (IN YEARS LAST BIRTHDAY) 65 YR. 9 BALTIMORE CITY OR COUN Queen Anne's 12a USUAL OCCUPATION Quality Co 13a-STREET ADDRESS / ZIP CO Rt. 1 Box 29 ME ADDRESS BE ADDRESS BE ADDRESS BOX SIV, P. O. BOX	iF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS S ITY OF DEATH COUNTY 126 KIND OF BUSINE INDUSTRY ON TOOL Superv DOE 21678 LAST 19720 APPROXIMATE INTER BETWEEN ONSET AND
PLACE (STATE OR FOREIGN PRY) ATYLAND OR TOWN OF DEATH ENTRY I AND ESTORICE (IF NU MAGE OF DEATH FIRST Thomas Albert DECEASED EVER IN U.S. A OOR UNKNOWN) OR UNKNOWN) CAUSE OF DEATH (Enter of DEATH) PART I. DEATH WAS CAUS IMMEDIA ON ONLY WHICH ON	White 7b. CITIZEN OF WHAT CO U.S.A. NAME OF HOSPITA (IF NOT IN SUCH FACILITY. GORDON Wald: WO: What in the property of	MONTH MAY COUNTRY? 8 MARRIE WIDOWS AL, NURSING HOME OF MORE STREET ADDRESS) TON PESIDE DENCE BEFORE ADMISSION Y OR TOWN P'TON LAST CIAL SECURITY NO. —10—4079 (QUID), and Icc. TO T	9, 1921 D NEVER MARRIED D NORCED KK OR OTHER INSTITUTION CO ROAD 13d. INSIDE CITY LIMITS? YES NO 1 15 MOTHER'S MAIDEN NAV FIRST Susie Mc 17 INFORMANT Samuel Rhode	9 BALTIMORE CITY OR COUN Queen Anne's 120 USUAL OCCUPATION Queity Co Quality Co Rt. 1 Box 29 ME MIDDLE Farland ADDRESS Des SIV, P. O. Box	MONTHS DAYS HOURS S TYPE OF BESTINE APPROXIMATE INTER BETWEEN ONSET AND APPROXIMATE INTER BETWEEN ONSET AND
PLACE (STATE OR FOREIGN PRY) ATYLAND OR TOWN OF DEATH ENTRY I AND ESTORICE (IF NU MAGE OF DEATH FIRST Thomas Albert DECEASED EVER IN U.S. A OOR UNKNOWN) OR UNKNOWN) CAUSE OF DEATH (Enter of DEATH) PART I. DEATH WAS CAUS IMMEDIA ON ONLY WHICH ON	NAME OF HOSPITA (IF NOT IN SUCH FACILITY, GORDON Wald: DROTHER INSTITUTION GIVE RESIDINTY I 13c CITY Ent Waldron RAMED FORCES? LIFE WAR OR DATES) 221. DOING one couse per line for (SED BY: ATE CAUSE (D)	MARRIE MIDOWE AL, NURSING HOME OF COMMENTATION COMMENT	9, 1921 D NEVER MARRIED D DWORCED KK OR OTHER INSTITUTION THE NOTHER INSTITUTION THE NOTHER INSTITUTION TO ROAD 13d. INSIDE CITY LIMITS? YES NO THER'S MADIDEN NAV. Susie Mc. 17 INFORMANT Samuel Rhode	Queen Anne's Queen Anne's 120 USUAL OCCUPATION WHE OF WORK FOR MOST OF WORKING Quality Co 130 STREET ADDRESS / ZIP CO Rt. 1 Box 29 ME MIDDLE Farland ADDRESS Des SIV, P. O. Box	COUNTY IZE KIND OF BUSINE INDUSTRY ON THO I SUPERV DE 21678 LAST 19720 APPROXIMATE INTER BETWEEN ONSET AND
Thomas Albert DEATH (Enter of PART I. DEATH WAS CAUS	NAME OF HOSPITA (IF NOT IN SUCH FACILITY, GORDON WALD: BOTHER INSTITUTION GIVE RESIDINTY IT WO: MIDDLE THE WALDON INTERPRETATION INTERPRETAT	MARRIE WIDOWE AL, NURSING HOME OF TON PESIDE DENCE BEFORE ADMISSION Y OR TOWN TON LAST CIAL SECURITY NO. —10—4079	DI DWORCED KK OR OTHER INSTITUTION CONTROL DIAM TO THE INSTITUTION DIAM TO THE INSTITUTION DIAM TO THE INSTITUTION TO TH	Queen Anne's 120 USUAL OCCUPATION WPE OF WORKFOR MOST OF WORKING Quality Co 130-STREET ADDRESS / ZIP CO Rt. 1 Box 29 ME	County IZE KIND OF BUSINE INDUSTRY ON THOL Superv DE 21678 LAST 19720 APPROXIMATE INTER BETWEEN ONSET AND
aryland R TOWN OF DEATH ENTRYLINE ESIDENCE (IF NU INC. INC. INC. INC. INC. INC. INC. INC.	NAME OF HOSPITA (IF NOT IN SUCH FACILITY, GORDON Wald). DE OTHER INSTITUTION GIVE RESID INTY II3c CITY ON THE INSTITUTION GIVE RESID INTY II3c CITY ON THE INSTITUTION GIVE RESID II3c CITY ON THE INSTITUTION GIVE RESID II3c CITY ON THE INSTITUTION GIVE RESIDENT INTO THE INT	WIDOWE AL, NURSING HOME OF AL, OWE STREET ADDRESS) TON PESIDE DEDICE BEFORE ADDISSION Y OR TOWN TON LAST CIAL SECURITY NO. —10—4079 (QUID), and Icc.	DI DWORCED KK OR OTHER INSTITUTION CONTROL DIAM TO THE INSTITUTION DIAM TO THE INSTITUTION DIAM TO THE INSTITUTION TO TH	13e USUAL OCCUPATION UNITED OF WORK FOR MOST OF WORKING Quality Co Rt. 1 Box 29 ME MIDDLE Farland ADDRESS Des SIV, P. O. Box	DE 21678 LAST 175 KIND OF BUSINE INDUSTRY 21678 21678 21678 21678 21678 21678
ENTOWN OF DEATH ENTRYVILLE SIDENCE (IF NU IN COL TYLAND KE TYLAND KE FIRST THOMAS Alber DECEASED EVER IN U.S. A OOR UNKNOWN) (IF YES. G) CAUSE OF DEATH (Enter c PART I. DEATH WAS CAUS IMMEDIA	NAME OF HOSPITA (IF NOT IN SUCH FACILITY, GORDON Wald). DE OTHER INSTITUTION GIVE RESID INTY II3c CITY ON THE INSTITUTION GIVE RESID INTY II3c CITY ON THE INSTITUTION GIVE RESID II3c CITY ON THE INSTITUTION GIVE RESID II3c CITY ON THE INSTITUTION GIVE RESIDENT INTO THE INT	AL, NURSING HOME (C., GIVE STREET ADDRESS) TON reside dence before admission of the control of	OR OTHER INSTITUTION CONTROL PRODUCTION 13d. INSIDE CITY LIMITS? YES NO THER'S MADIEN NAV Susie MC 17 INFORMANT Samuel Rhode	13e USUAL OCCUPATION UNITED OF WORK FOR MOST OF WORKING Quality Co Rt. 1 Box 29 ME MIDDLE Farland ADDRESS Des SIV, P. O. Box	DE 21678 LAST 175 KIND OF BUSINE INDUSTRY 21678 21678 21678 21678 21678 21678
SIDENCE (IF NU NO COL RY LAND RYS NAME FIRST Thomas Alber DECEASED EVER IN U.S. A O OR UNKNOWN) CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUS IMMEDIA Onditions, if ony, which	Gordon Wald: DRIOTHER INSTITUTION GIVE RESIDINTY MIDDLE THE WALD MIDDLE MIDDLE MIDDLE THE WALD MIDDLE THE WALD MIDDLE MIDLE MIDDLE MIDDLE MIDDLE M	ron reside DENCE BEFORE ADMISSION) Y OR TOWN TON LAST DICIAL SECURITY NO. -10-4079 TOPHO, and ICE.	13d. INSIDE CITY LIMITS? YES	Quality Control of the control of th	ontrol Superv DE 21678 LAST P1. 19720 1536, New Ca
SIDENCE (IF NU NO COL RY LAND RYS NAME FIRST Thomas Alber DECEASED EVER IN U.S. A O OR UNKNOWN) CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUS IMMEDIA Onditions, if ony, which	MIDDLE THE WALL MIDDLE THE	DENCE BEFORE ADMISSION Y OR TOWN TON LAST CIAL SECURITY NO. 10-4079 10-40, and 10-2	13d. INSIDE CITY LIMITS? YES	I3. STREET ADDRESS / ZIP CO Rt. 1 Box 29 ME MIDDLE Farland ADDRESS Des S IV, P. O. Box	21678 LAST 21. 19720 2536, New Ca
Thomas Albert Press Of Death (Enter of Part I. Death Was Cause of Death (Enter of Part I. Death Was Cause of	MADDLE TT Waldron IRMED FORCES? 166 SOI EVEN WAR OR DATES) POOLY ON COURSE PORT LINE FOR (SED BY: ATE CAUSE (D)	ry or town rton LAST CIAL SECURITY NO. -10-4079 TOURS OF TOWN TO SECURITY NO.	YES NO NO NO STATE NO NO NO STATE NO	Rt. 1 Box 29 ME Farland ADDRESS Des SIV, P. 0. Box	21678 LAST 21. 19720 2536, New Ca APPROXIMATE INTER BETWEEN ONSE! AND
R'S NAME FRIST THOMAS Alber DECEASED EVER IN U.S. A OOR UNKNOWN) CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA ONCITIONS, if ony, which	mtDite rt Waldron RMED FORCES? 166 SOI 221. polly one couse per line for (SED BY: ATE CAUSE (b)	CIAL SECURITY NO10-4079 (QUID), and ICO.	Susie Mc To Informant Samuel Rhode	Farland ADDRESS Des IV, P. O. Box	19720 536, New Ca
PART I. DEATH WAS CAUS CONDITION CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA CONDITION CONDIT	rt Waldron IRMED FORCES? INVEWAR OR DATES) 221. Only one couse per line for (SED BY: ATE CAUSE (0)	-10-4079 CAL SECURITY NO. -10-4079 CALLET AND IC.	Susie Mc 17 INFORMANT Samuel Rhode	Farland ADDRESS Des IV, P. O. Box	21. 19720 536, New Ca
Thomas Albert DECEASED EVER IN U.S. A O OR UNKNOWN) CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Onditions, if ony, which	rt Waldron IRMED FORCES? INVEWAR OR DATES) 221. Only one couse per line for (SED BY: ATE CAUSE (0)	-10-4079 CAL SECURITY NO. -10-4079 CALLET AND IC.	Susie Mc 17 INFORMANT Samuel Rhode	Farland ADDRESS Des S IV, P. O. Box	21. 19720 536, New Ca
DECEASED EVER IN U.S. A OOR UNKNOWN) (IF YES. G O CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA anditions, if ony, which	RMED FORCES? LIVE WAR OR DATES) 221 Drily one couse per line for (SED BY: ATE CAUSE (b)	-10-4079 (quib), and icing Respire	Samuel Rhode	ADDRESS Des IV, P. O. Box	536, New Ca
CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	221. conly one couse per line for (SED BY: ATE CAUSE (o)	Respire	f <u>I</u>	s IV, P. O. Box	536, New Ca
CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA anditions, if ony, which	only one couse per line for (SED BY: ATE CAUSE (o)	Respire	f <u>I</u>	1	APPROXIMATE INTER
PART I. DEATH WAS CAUS IMMEDIA anditions, if any, which	SED BY: ATE CAUSE (0)	Kespira	itory ta	ilcere	- 0
IMMEDIA	ATE CAUSE (0)	1	isold in	iller	Schnie
	DUE TO, OR AS A C	ONSEQUENCE OF	/		
	(And in case of the last of the			7
and the American	(d)	Sever	c COPD		Years
ove rise to immediate use (a), stating the					
derlying couse lost	DUE TO, OR AS A C	ONSEQUENCE OF			12.
	(c)				
> _+	1 - 1-	JING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
	0 / 10(Lea autopour	VES WERE ENIONIOS VOE
DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY 206. IF	YES, WERE FINDINGS USE RTIFYING CAUSES OF DEAT
				YES NO	YES NO
			21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2)
	TAIN				
	21e PLACE OF INJU	RY	21f. LOCATION		COUNTY
HILE NOT WHILE	(AT HOME STREET, FACTO	ORY, OFFICE, FARM ETC)	STREET	CITY OR IOWN	COUNTY
	aitaly attained the de	121	0 91	. 2011	10 670
	C- 11	sea mom	The state of the s	depth occurred as the data and 1	, 19
obove, (1) (we) (did) (did n	not) view the body after de	orn.		decomposition on the date and I	
SIGNATURE)			/	221 DATE SIGNED
ak	June		Key PHYSICIAN []		15/13/
PHYSICIAN'S NAME ITYPE	OR PRINT)		22e ADDRESS		
C Cottenia	d Rosmonn M	T)	Medical Pla	Chectentown	n. MD 21620
					1, FE 21020
AL, CREMATION, REMOVA		40.00		CITY OR TOWN	COUNTY
		00.	.02 -7 2 0	v Centreville	Q.A.
F	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF D RETIMER NOTEY MEDICAL EXAMIN INJURY OCCURRED NOT WHILE AT WORK I Certify that (1) (this has sow the deceased alive cabove, (1) (we) (did (did of the compose)). SIGNATURE PHYSICIAN'S NAME INPECTOR OF THE CONTRIBE C. GOTTIPE	RT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBL A STONCOLL CUSTLE DATE OF OPERATION 19b CONDITION FO ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH ACCIDENT WAS UNDERLYING P.M. INJURY OCCURRED 21b. TIME OF INJUR HOUR A.M. MC P.M. 21b. PLACE OF INJUR L certify that (1) (this hospital) attended the deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the body after deceosed blive on obove, (1) (we) (did) (did not) view the	RT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT A STONAGE WITH MEDICAL EXAMINER OF CONTRIBUTING TO DEATH BUT ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH OF CONTRIBUTING OF CAUSE OF DEATH OF CONTRIBUTING OF CAUSE OF DEATH OF CONTRIBUTING OF CAUSE OF DEATH OF CAUSE OF CAU	RT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2 STOUCH WILL PLETS TO SEE DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY CONTRIBUTING 1 CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) 21f. LOCATION STREET SOW the deceosed of live on obove, (1) (we) (did) (did not) view the body after death. SIGNATURE DEGREE ATTENDING PHYSICIAN (1) PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Medical Blocal AL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY	TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF THE STORY OF



					STATE OF MAR			
1 - 1	5654	11-	FOR		NENT OF HEALTH AN			3 4 4 7
1 - 1	3034	1	REGISTRAR		XAMINER'S CER	TIFICATE OF DE	ATH REG. N	0.
			CEASED NAME FIRST	WIDDLE	LAST		20. DATE KNOWN X	X MONTH DAY YEAR 26 HOUR
	3 a 4 2 5 15	1	Marsha	11	Willia	ams	DEATH MATED	8-14 19 86 M
	결은프로	1.5E	K 4 RACE	S. DATE OF BIRTH	AGE (IN YEARS IF UNDER	1 YR. IF UNDER 24 HR		MONTH DAY YEAR 24 HOUR
	ARY, PLEA LDISECTO YOUR FILE N 72 HOUR TON STREE	11	Tele Black	01 07 1910	76 YRS.	DAYS HOURS MIN	PRONOUNCED DEAD	8-14 1986 9:00 a. M
_	AND AND A	7s. B	RTHPLACE ISTATE OF	TE CITIZEN OF WHAT COUNT	DV2 IO	A VEVER MARRIED	9. BALTIMORE CITY O	OR COUNTY OF DEATH
-	ECESSA NOR W WITHIN	9 "	MENON CONHINES	115/4	WIDOWED	DIVORCED [e's County, MD
		10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			ISUAL OCCUPATION (TYP	PE OF WORK 126 KIND OF BUSINESS
1	SOUTH STATE		Centreville	(IF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)	FC	OR MOST OF WORKING LIFE)	OR INDUSTRY
7	Mrzes =	WED.	AL RESIDENCE OF HINLISSHIP HOME OR	Rt. 1	EFORE ADMISSION)			
11	ANY D AND 3 RETAIN HOULD HOULD	Sla S	DE COUNT	136 CITY C	OR TOWN 13d.	INSIDE CITY LIMITS? 13e. S	TREET ADDRESS	20 21/17
6.6	0 2000 -	1	ATHER'S NAME	en Hunn Cen	TEU III	MOTHER'S MAIDEN NA	· U . 150 L	02 21011
1	DEATH GES W PM OF ND	11	PRST	MIDDLE /. LA	ST/ 1	FIRST	WIDDLE	THAT LAST
* Notice of	S S S S S S	17	nareus	50 500 550	119 ms AL SECURITY NO. 17.1	INFORMANT	ADDRESS	Dunett
	ON ST., BALTIMORE, 24 HOURS AFTER DEATH THEM 18. GIVE PAGES I LONG WITH FORM PM PREMIT, PAGES AND GIENE, DIVISION OF MY	100.	VAS DECEASED EVER IN U.S. ARM (ES, NO. OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	II hazel	PI .	/ / DDKES	1
	ST., BALT DURS AF 18. GIVE S WITH F AIT. PAGI E, DIVISIG		no no		4-2334-146	low 1	Villian	_
	HOURS M 18. G VG WIT RMIT. P. INE, DIV			one couse per line for (o), (b),				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	NS A HO		IMMEDIATE	CAUSE (o) GUNSHOT W		d (ri	fle)	
	PRESTON THIN 24 H CIL IN ITEM JER ALON ANSIT PER AL HYGIEN REMOVAL			DUE TO, OR AS A CONS	SEQUENCE OF			
	A A L F		Conditions, if ony, which gove rise to immediate	(b)				
	201 W. JTED W IN PEN EXAMII EXAMII AL-TR ON, OR		couse (o) stoting the <u>under-</u> lying couse lost.	DUE TO, OR AS A CONS	EOUENCE OF			
	S E E E		lying coose lost.	(c)				
	EXECUTED NG" IN PICAL EXAMINATION, CATION, CAT		PART 2 OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATE	EO TO THE TERMINAL DISEASE OR (ONOITION GIVEN IN PART 1 (a)		
	RECORDS, TO BE EXECTED BE EXECUTED BE EX	N O						
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU WRITING THE WORD" PENDING" IN PENCIL IN ITEM 18 VARDED TO THE CHIEF MEDICAL EXAMINER ALONG VAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMITATE DEPORTMENT OF HEALTH AND MENTAL HYGIENE, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS F	PERFORMED?		2A AUTORSY?
	DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." RDED TO THE CHIEF SE 3 SHOULD BE USE E DEPARTMENT OF H OF PRIOR TO BURIAL	I E						(head only) YES XX NO
	W W W W W W W W W W W W W W W W W W W	1 8	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. HOW	INJURY OCCURRED (ENT	ER NATURÉ OF INJURY IN ITEM 18	
	A STANDON	S ¥	UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		ject shot hi	mcolf	
	SH SH	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	(AT HOME, 21f. LOCAT	ION		
4.	DIV WARDE WARDE PAGE 3	X	WHILE NOT WHILE XX	STREET, FACTORY, FARM, ETC			110 Ottown	nne's Co., Md.
1	DIN JER: THIS C CATE, WRIT FORWARDI OR: PAGE; THE STATE D (ND, 21201		AT WORK AT WORK	1 Total				ine 3 co., ra.
	A S S S S S S S S S S S S S S S S S S S		220 I certify that I took charge	of the remains described above	e, neid on Autopsy E	(X). Inspection []	, Inquiry L., or	nd in my opinion
	MER DES		deoth resulted from: Noturo	couses Actident	Syicide XX	Homicide , Und	determined monner,	
	WAN WAR		ACTUAL Alle	1 Thurs	1110 1111	TITLE (SPECIFY)		DATE 0_15_06
	4 E E E E E	-	SIGNATURE	is fing	VV / Males	<u>kssistant</u> _M	EDICAL EXAMINER	SIGNED 8-15-86
	EDIC A S A S A S A S A S A S A S A S A S A		EXAMINER'S NAME DOMAIN	in B Compth / hu	(D	111 DEleas	Ctront Do	140 240 21201
	TO MEDICAL EXAMINER: THE RESTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STATINORE, MARYLAND, 2		(TYPE OR PRINT) Denn			RE33	Street, Ba	1to., Md. 21201
	E05149	23a. B	URIAL CREMIATION REMOVAL 21	DATE 23c. N	TIME OF CEMETERY OR CR	REMATORY 23d.	LOCATION	COUNTY STATE
07 25	/84 BP	-	Bureax 1	119/56 K	Muser	18 (4	enterelle	ATRAIS SIGNATURE
23	DHMH - 17	12	INERAL DIRECTOR	G ADDRESS/ N	n x x	AUG 1	O 1000 GUNA	DU CON
	(VR A15 ME (5))	1	Jeanne 20.	Hishul)	custon!	AUG.1	o isou d	

